

**Substance Abuse and Crime Prevention Act of 2000 (SACPA)**  
**FREQUENTLY ASKED QUESTIONS (FAQ's)**  
**Department of Alcohol and Drug Programs**  
**May 21, 2001**

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| <b>A. Program Requirements</b> |
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**1. What is the start date for offenders under SACPA -- arrest date or conviction date?**

SACPA goes into effect on July 1, 2001. Its provisions generally apply to persons: 1) with new convictions for drug possession or being under-the-influence; 2) on probation for drug possession or being under-the-influence; and 3) on parole with no prior convictions for a serious or violent felony. SACPA is not retroactive and applies to the date of conviction, not the date of arrest. A person arrested on June 15, 2001, and convicted after July 1, would be subject to the provisions of SACPA. For all arrests and convictions after July 1, the provisions of SACPA are applicable.

**2. When clients are referred for services, how are counties to distinguish between a client eligible for services under SACPA and a client eligible for services under Penal Code 1000? When will clients be sent to PC 1000 programs for services and when will clients be referred to treatment services under SACPA?**

Specific criteria are provided in statute to define eligibility for SACPA and for Penal Code 1000 (PC 1000), a separate diversion program. While the criteria are similar in some respects, they are not identical. Whether a particular person qualifies for one or the other depends on several factors. One key difference is that no judgment is entered prior to entry into the PC 1000 system; entry of judgment is deferred until after it is determined whether the participant successfully completes the program. Under SACPA, a judgment of conviction is entered prior to receiving drug treatment services, and the charges and conviction may be set aside after successful completion of treatment. Determination as to which system a particular person is eligible for or utilizes will be made in the criminal justice system.

**3. What is the process for offenders under SACPA to pay for their services?**

State statutes enacted prior to SACPA require drug treatment programs (except Drug Medi-Cal) to assess fees toward the cost of treatment based on the client's ability to pay in accordance with state statute. Such fees are to be deducted from the program's cost of providing services. Under the regulations implementing SACPA, counties are required to use fees assessed by trial judges toward the costs of placement. Placement costs include court or probation department costs to ensure a client is enrolled in drug treatment.

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| <b>B. Program Start-up</b> |
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**1. When must programs be in place?**

The counties are responsible for having drug treatment programs in place by July 1, 2001, for referral of persons who meet the criteria for treatment under SACPA.

**2. Will the state be flexible with the June 1 deadline for county plan submission?**

County lead agencies must submit the plan by June 1. Some counties may not have sufficient time to calendar the county plan for Board of Supervisors review and approval by June 1. Under these circumstances, the Department suggests the county lead agency submit the plan without Board of Supervisors approval. In its review of the plan, the Department will note that the plan component for Board of Supervisors approval has not been submitted and will notify the county. When approval by the Board of Supervisors has been documented, the Department may approve the county plan.

**3. What costs are allowed for construction, renovation, and remodeling of facilities?**

Funds may not be used for the purchase of land, purchase or construction of buildings, or additions to buildings. However, costs of alteration and/or renovation may be reimbursed as allowable costs up to \$150,000 per project. These costs are defined to mean changes to installed equipment or the interior or physical characteristics of a facility. The improvements must be used to provide services under SACPA.

## **C. Licensing and Certification of Treatment Providers**

### **1. How long does it take to obtain a license or certification from ADP?**

If an application for licensing or certification is complete and contains all necessary documentation, and a site visit is scheduled and conducted, a license or certification is normally issued within 30 working days. Completed documentation includes a fire clearance from the local authority for residential programs and, in the case of certification, a building use permit.

### **2. Will ADP license sober living and other services?**

Sober living environments help recovering persons to reside in the community and maintain an alcohol and other drug free lifestyle. However, they do not provide treatment services and are, therefore, not required to be licensed. If a sober living facility provides onsite alcohol and other drug treatment services, a license is required.

### **3. Will ADP certify sober living services?**

No. Sober living environment is not a service subject to certification. However, client housing may be reimbursed as a miscellaneous cost if the client is concurrently receiving drug treatment services and the facility is affiliated with a drug treatment program that has a contract with the county lead agency to provide housing pursuant to the Act.

### **4. If a program is certified under Drug Medi-Cal, is it certified for purposes of SACPA funding?**

Yes. A Drug Medi-Cal certified provider must also have a contract with the county to provide services for the purposes of SACPA funding. In addition, the Drug Medi-Cal certified provider must have submitted claims for Drug Medi-Cal reimbursement within the last two calendar years.

## **D. Funding**

### **1. What is the current allocation model? Will it change?**

The current allocation model provides the following distribution and has been used for FY 2000-01 and FY 2001-02 funds:

- ♦ 50% of the available funds are allocated using the standard alcohol and drug program allocation methodology of \$2,500 to each county for each \$1 million dollars distributed, with the remaining portion (of the 50%) distributed on a per capita basis. This portion of the funds takes into consideration a "base" for counties;
- ♦ 25% of the funds are allocated based on the number of clients in treatment; and
- ♦ 25% of the funds are allocated based on drug arrests.

The Department expects to monitor allocations and expenditures to determine whether funds are being fairly and equitably distributed to meet county needs. Discussions will occur with other stakeholders regarding any needed changes to the methodology.

### **2. Is there funding for drug testing?**

SACPA prohibits the use of SACPA funds for drug testing purposes. However, drug testing is not prohibited by SACPA, and counties may provide other sources of funding and standards for these purposes. Drug testing is generally considered a useful component of treatment services.

The Administration has proposed an \$8.4 million increase in funds for drug testing for persons in county substance abuse programs. The funds are available from an increase in the federal Substance Abuse Prevention and Treatment (SAPT) Block Grant and will target people who are being served under SACPA. The Department proposes that the funds be allocated to counties using the standard allocation methodology. That methodology allocates funds based on \$2,500 to each county for each one million dollars distributed, with the remaining portion distributed on a per capita basis.

## **E. Service Delivery**

### **1. How will assessments be conducted? Will counties assess for dual diagnosis?**

SACPA allows local flexibility to determine the process for assessment, referral, and placement of offenders. State regulations require counties to collaborate with others to plan services and to report the responsible entities and process used in assessment, referral, and placement. These functions may be performed in whole or in part by the county alcohol and other drug program office, probation, treatment providers, and others.

Counties may also assess the needs of offenders beyond those specifically addressed in SACPA, such as mental health. In many instances, counties already use assessment tools that include mental health and other assessments. Given that a large number of drug dependent persons are dually diagnosed as having both drug and mental health problems, such assessments will be important so that interrelated problems can be properly treated.

### **2. What is successful completion of treatment?**

For treatment clients, SACPA defines “successful completion of treatment” to mean that the defendant “...has completed the prescribed course of drug treatment and, as a result, there is reasonable cause to believe that the defendant will not abuse controlled substances in the future.” The treatment community recognizes that relapse is a common feature of addiction. Indeed, relapse--a return to addictive behavior--may sometimes be a step (or misstep) on the path to recovery, rather than a failure. It is not uncommon for an individual to alternate between treatment and relapse before completely recovering.

The Department anticipates that treatment success will be further defined at the local level.

## **F. Evaluation and Program Monitoring**

### **1. What will the longitudinal evaluation reports tell us?**

SACPA requires a long-term study aimed at evaluating the effectiveness and financial impact of the programs funded by SACPA and appropriates up to \$3.3 million for the study. SACPA requires the evaluation to include a study of the implementation process, a review of lower incarceration costs, cost offsets, reductions in crime, reduced prison and jail construction, reduced welfare costs, the adequacy of funds appropriated, and other impacts. Data collection and analysis efforts will be developed to measure the relationship between clients' needs, services received, and the longitudinal outcomes. Analyses will determine the extent to which specific services result in improved outcomes and the extent to which these services result in related cost savings, cost offsets, and increased public safety. The annual reports are due each July 1, starting 2002.

### **2. What data will counties be required to collect and report?**

For the evaluation, the data to be collected may include client assessment information about drug and alcohol use; health and mental health needs; criminal behavior and risk of criminal behavior; employment; family and social supports; and services provided.

To collect the data necessary for the evaluation, the Department has modified the current client data system, known as California Alcohol and Drug Data System (CADDs) and Drug and Alcohol Treatment Access Report (DATAR) to identify clients under SACPA as of July 1, 2001. Additional revisions are planned.

Fiscal data and county plan data as well as administrative data sets will be used extensively to avoid duplicative data collection efforts. County alcohol and drug program administrators are required to include SACPA expenditures on the annual county Net Negotiated Amount (NNA) and Drug Medi-Cal (DMC) budget and cost report.

The counties must additionally report summary fiscal data describing planned and actual expenditures for the following: (1) each county entity or office providing administrative or direct services, and (2) the types of services funded in the categories of drug treatment, other services, and case management activities. Fiscal detail on provider expenditures will be gathered through existing Department reporting mechanisms. Counties are also required to provide capacity data and to identify sources of referral for offenders.

### **3. What is the audit plan?**

SACPA requires the department annually to audit county expenditures and recoup any funds not spent according to SACPA for deposit into the state Substance Abuse Treatment Trust Fund. The Department plans to audit all 58 counties annually. For 2000-2001 allocations, audits will be conducted during the period October 1, 2001-September 30, 2002. Additionally, state regulations require counties annually to audit any public or private contractors with whom they have agreements for \$300,000 or more.